

WENHAM BOARD OF HEALTH
TEMPORARY FOOD SERVICE APPLICATION

Fee: \$15 per event

Name of establishment: _____

Owners/Operators name: _____

Location: _____ Phone _____

Address of firm: _____

Type of establishment: Restaurant _____ Retail _____ Temp Food _____

Days and hours of operation: _____

Please list licenses, permits, or registrations issued by state or federal agencies:

Federal I.D. or Soc. Sec. #

Size of establishment: _____ Seating capacity: _____

Floor plan (attach diagram) of establishment including hand washing sinks and bathrooms:

Names and positions of employees trained and certified in choke-saving technique: (attach copies of certification)

Names and positions of certified food handlers: (attach copies of certification)

Describe your insect/rodent control program, including the name and address of exterminator and how many times a month the establishment is serviced:

I, the undersigned, have obtained and reviewed Article X of the State Sanitary Code.

_____ Date _____